

Naval Medical Center Portsmouth

Pediatric Residency Training Program 2003-2004





History and Demographics

- Program founded in 1949 and has graduated 214 residents as of July, 2004.
- Fully accredited by the Residency Review Committee (RRC) of the Accreditation Council for Graduate (ACGME). Last accreditation review—March 2001—full 5 year renewal.
- Per month at NMCP:
 - 350 to 400 infant deliveries
 - over 50,000 outpatient visits
 - 1,500 hospital admissions
- Inpatient Ward has 24 beds
- Maternal Infant Ward
 - 10 birthing rooms
 - 31-bed postpartum mother-infant unit where healthy newborns room—in with their mothers.
- Busiest PICU, largest Cystic Fibrosis Program, and largest Hematology/Oncology service within Navy Medicine.
- Very large/comprehensive neurodevelopmental disabilities program including a multidisciplinary Autism Diagnostic Center
- The opening of a GME Simulation Center scheduled at NMCP in the winter of 2004-2005.



Facility and Infrastructure

- The medical center is the principle site of military health care in Hampton Roads, serving the world's largest pediatric dependent population (over 135,000).



- NMCP is proud to be the Navy's oldest and finest medical center. The original hospital building, completed in 1830, is a National Historic Landmark. Not only is Portsmouth the nation's oldest military hospital, it is also the newest. Our current

facility is a newly constructed, state-of-the-art, one million square foot hospital, which opened in April 1999. The hospital includes a 9-bed Pediatric Intensive Care Unit (PICU).



- In fiscal year 2003:
 - * 51,997 outpatient visits
 - * 60,925 RVU's
 - * Ward bed days: 2725—disposition: 1031
 - * Newborn bed days: 6425—disposition: 3275
 - * NICU bed days: 5301—disposition: 343
 - * PICU bed days: 688—disposition: 250
- NMCP's Medical Sciences Library was named Federal Library of the Year of 2003 by the Library of Congress



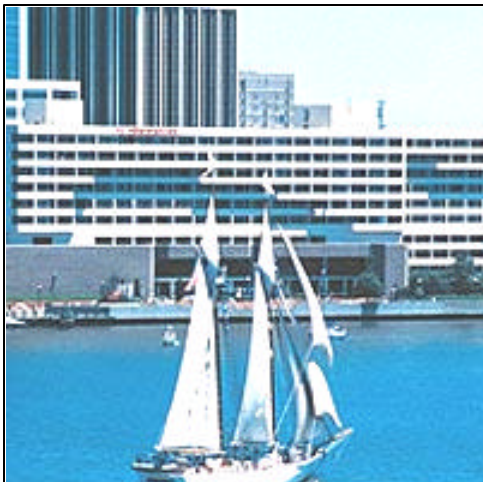
Quality of Life

Naval Medical Center Portsmouth (NMCP) is located in Southeastern Virginia, on the banks of the Elizabeth River.

Hampton Roads is one of the most popular vacation spots on the East Coast. The area offers something for everyone.

Historical Williamsburg, Yorktown, and Jamestown, are all within an hour's drive. For

sports fans, Hampton Roads boasts minor league baseball and hockey teams, horse racing at Colonial Downs, as well as excellent college-level sports. The fine arts are well represented with a symphony, an opera company, multiple theater groups, and a multitude of museums.



The area offers a wide variety of outdoor activities for all seasons. In the summer, one can enjoy world famous beaches, sail on the Chesapeake Bay, or spend a day at Busch Gardens. In the fall, make a short drive to the Shenandoah Valley to view the changing foliage. In the winter, snow skiing is only 3 hours away by car. In the spring, visit Norfolk Botanical Gardens or the zoo.

The area's proximity to Washington DC, and to all it offers, from a military, government, and entertainment standpoint, is also a benefit to residency training at Naval Medical Center Portsmouth.



Cost of Living

Despite all Hampton Roads has to offer, it is surprisingly affordable. A Cost of living analysis comparing the Washington, DC/Southern Maryland area, San Diego, California, and Hampton Roads shows that, hands down, this is the place to live!

Cost of Living Indices	National Average	Washington DC	Norfolk-Virginia Beach-Portsmouth	San Diego
Overall 100= national average (lower = better)	100.0	123.0	98.5	121.9
Housing Comprises 31% of overall COL	100.0	148.2	97.0	179.0
Food and groceries Comprises 16% of overall COL	100.0	112.3	98.0	114.0
Transportation Comprises 10% of overall COL	100.0	125.2	103.0	119.0
Utilities Comprises 8% of overall COL	100.0	95.1	105.0	115.0
Health Comprises 5% of overall COL	100.0	119.4	105.0	112.0
Miscellaneous % of overall COL	100.0	113.4	99.0	114.0
Housing	National Average	Washington DC	Norfolk-Virginia Beach-Portsmouth	San Diego
House purchase cost median value—Q3/00	\$128,500	\$176,400	\$114,500	\$230,700
Home appreciation 12 months ending Q3/00	7.2%	9.6%	7.9%	9.0%
Property tax rate tax rate per \$1000 Valuation	\$15.56	\$11.70	\$12.30	\$11.10
Other Costs	National Average	Washington DC	Norfolk-Virginia Beach-Portsmouth	San Diego
Sales tax rate--- local, county, and state	5.75%	11.8%	4.5%	8.3%
Income tax rate total for \$50,000 income	4.60%	9.5%	5.8%	6.0%
Auto insurance---annual for mid-size sedan	\$825	\$1,100	\$790	\$1,230

A gallon of gas, on September 9 2004, could be purchased for \$1.68.

Affordable homes with an abundance of good school options are within close driving distance of the hospital. The average commute to work for staff and residents is 20 minutes.





Affiliations

Children's Hospital of the King's Daughters (CHKD)

- Resident Electives in Peds ED, endocrinology, gastroenterology, radiology, nephrology, dermatology, infectious diseases, genetics, pulmonology, rheumatology, cardiology, and allergy/immunology are available at CHKD
- Combined rotations in Adolescent Medicine and Pediatric Infectious Diseases are currently in place
- Required rotations in Pediatric Emergency Medicine in the PL-1 and PL-2 years are completed at CHKD.
- Many faculty members are affiliate faculty at Eastern Virginia Medical School (EVMS).



Uniformed University of the Health Sciences, AFHSP Medical Students

- NMCP Pediatrics provides pediatric clerkships to 3rd and 4th year medical students from USUHS, and the AFHSP program.
- Many faculty members have teaching faculty appointments at USUHS.



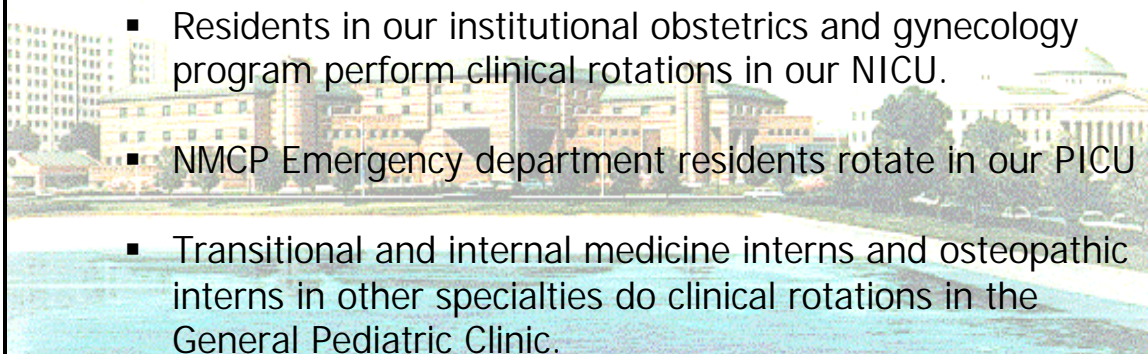
Affiliations

Naval Hospital Camp LeJeune



- Residents from the Camp LeJeune Family Practice program rotate in the NMCP NICU and PICU

Within Naval Medical Center Portsmouth

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- A photograph of the Naval Medical Center Portsmouth, a large, multi-story brick building with a central tower and a green roof. The building is surrounded by a green lawn and a paved road.
- Residents in our institutional obstetrics and gynecology program perform clinical rotations in our NICU.
 - NMCP Emergency department residents rotate in our PICU
 - Transitional and internal medicine interns and osteopathic interns in other specialties do clinical rotations in the General Pediatric Clinic.

1st Medical Group—Langley Air Force Base

- Air Force pediatricians at Langley are actively involved in our teaching program and intermittently serve as inpatient faculty attending on our pediatric ward.
- We are eagerly looking forward to a more complete affiliation with our Air Force Medical Colleagues at Langley Air Force Base and welcoming Air Force residents into our residency program!



Academics and Research

- The primary mission of the Pediatric Training Program at Naval Medical Center Portsmouth is to prepare residents for a career in military pediatrics. This goal includes development of the knowledge and skills necessary for a competent general pediatrician as well as instruction and experience in clinical and non-clinical skills unique to the military community.
- Over the past 22 years, 97% of Portsmouth graduates have been board certified by the American Board of Pediatrics, and 92% have passed board certification exams on their first attempt.
- 100% of our 2003 graduates passed the certification examination.
- Pediatric residency training takes place predominantly at the Naval Medical Center. Electives and subspecialty rotations are also available at the Children's Hospital of the King's Daughters through our affiliation with the Eastern Virginia Medical School.



Academics





Academics and Research

Research at Naval Medical Center Pediatrics

- Four faculty members have research training and advanced degrees (e.g. Masters of Public Health)
- Over 40 active IRB protocols
- One protocol funded by NIH/AHRO \$100,000 to study clinic vs. Internet pre-screening of adolescents for high-risk behavior
- Program has had 32 publications in the past 3 years.
- Two resident manuscripts submitted for publication
- Three additional resident manuscripts being prepared for submission for publication

Research

Currently Active Research Protocols at Naval Medical Center Pediatrics

- Adherence to Pharyngitis Clinical Practice Guideline
Investigators: T. Albright, T. Shope
- Practice-based research network in Continuity settings
Investigators: T. Shope; Military Consortium;
Continuity Research Network
- Over 30 Pediatric Oncology Group Protocols
Investigators: P. Bryant et. al.
- Cystic Fibrosis Registry
Investigator: J. McQueston



Academics and Research

Research Protocols pending IRB review or under construction

- Safety Net Antibiotic Prescription for Otitis Media: Emergency Room vs. Primary Care Setting.
Investigators: Meilnicki, Shope
- Cost-effectiveness of PET placement in the PICU vs. OR
Investigator: A. Biswas
- Recombinant Factor VIIa Usage in the PICU
Investigator: A. Biswas





Academics and Research

Selected Publications 2002-2004

Biswas AK and Fruedenthall WC. *Levalbuterol toxicity: No reason to be jittery*. European Respiratory Journal. 2003; 21(6): 1081.

Biswas AK and Sommerauer JF. *Heart Rate Variability and Brain Death*. Journal of Neurosurgical Anesthesiology. 2004; 16(1): 62.

Shope TR, Aronson S, eds. *Managing Infections in School and Child Care: A Quick Reference Guide*. American Academy of Pediatrics. Publication date June 2004.

Shope TR, Aronson S. *Improving the Health and Safety of Children in Non-Parental Early Education and Child Care*. Pediatrics in Review. Accepted for publication late 2004.

Roberts TA, Auinger P, Ryan SA. *Body Piercing and High-Risk Behavior in Adolescents*. Journal of Adolescent Health 2004;34:224-229.

Roberts TA, Klein JD, Fisher S. *Longitudinal Effect of Intimate Partner Abuse on High-Risk Behavior Among Adolescents*. Archives of Pediatrics and Adolescent Medicine 2003;157:875-881.

Roberts TA, Glen J, Kreipe RE. *Disordered Eating and Menstrual Dysfunction in Adolescent Female Athletes Participating in School-Sponsored Sports*. Clinical Pediatrics. 2003;42:561-564.

Roberts TA, Klein JD. *Intimate Partner Abuse and High-Risk Behavior Among Adolescents*. Archives of Pediatrics and Adolescent Medicine, 2003;157:375-380.

Roberts TA, Ryan SA. Tattooing and High-Risk Behavior in Adolescents. *Pediatrics* 2002;110:1058-1063.

Carroll ST, Riffenburgh RH, **Roberts TA**, Myhre EB. Tattoos and Body Piercings as Indicators of Adolescent Risk-Taking Behaviors. *Pediatrics* 2002; 109: 1021-1027.

JF Sutton, M Stacey, WG Kearns, TS Rieg, NS Young, JM Liu, "Increased Risk for Aplastic Anemia and Myelodysplastic Syndrome in Individuals Lacking Glutathione S-Transferase Genes," *Pediatr Blood Cancer* 2004; 42:127-133.

WG Kearns, **JF Sutton**, JP Maciejewski, NS Young, JM Liu, "Genomic Instability in Bone Marrow Failure Syndromes," *Am J Hemat* 2004
Currently in Print

C.Grabill, A. Silva, S. Smith, A. Koretsky, and T. Rouault, MRI detection of ferritin iron overload and associated neuronal pathology in iron regulatory protein-2 knockout mice, *Brain Research* 971 (2003) 95-106.

Plotner PL, Smith JL, Northrup H. 2003. Deletion 12q: A Second Patient with 12q24.31q24.32 Deletion. *Am J Med Genet* 118A(4):350-2.

Patel A, **Pluim T**, Helms A, Bauer A, Francis GL. Enzyme expression profiles suggest the novel tumor-activated fluoropyrimidine carbamate capecitabine (Xeloda) might be effective against papillary thyroid cancers of children and young adults. *Cancer Chemotherapy and Pharmacology* 2003.